

Preliminary Draft

**Environmental Health
Services Chapter**

**District of Columbia
State Health Systems Plan**

**State Health Planning and
Development Agency
District of Columbia
Department of Health**

ENVIRONMENTAL HEALTH SERVICES

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ENVIRONMENTAL HEALTH SERVICES

I. INTRODUCTION

Environmental health encompasses those characteristics of human health, disease and injury that are affected by factors in the environment. In efforts, to both protect human health and preserve the environment, the Department of Health provides environmental health services through the regulatory process. The Department of Health has responsibility for ensuring that the District meets federal standards as well as District standards set for a variety of environmental concerns by implementing programs that monitor and enforce compliance with these standards. An important element of protecting human health is the preservation of the natural environment – air, water, and land. Increasing pollution and environmental decay result in a rise in incidence of pathological conditions related to environmental degradation.

Environmental conditions affecting health include microbiologic and chemical agents as well as physical, social, and psychological sources. An individual has some control over the personal aspects of their own life such as the decision to smoke or exercise, but little control over environmental hazards such as the quality of their water supply. The District of Columbia has prioritized the following six environmental health issues for the five-year period of its State Health Systems Plan:

- Food-borne illnesses;
- Water-borne illnesses;
- Air quality;
- Hazardous substances;
- Lead poisoning; and
- Rodent control.

To achieve these goals, DOH manages a variety of inspection, education, and enforcement programs that directly affect public health and safety, including lead poisoning prevention, food protection, air and water surveillance programs, rodent and vector control, pharmaceutical control, radiological health, pesticide certification, and others.

II. DEFINITION AND CHARACTERISTICS

a. Food-Borne Illnesses

Food borne illnesses are a result of disease-causing bacteria that rapidly grow on food that is cooked or maintained at improper temperatures.

Causes - Food Borne Illness occurs through the consumption of contaminated food. Contaminated foods are foods that have not been prepared or maintained at temperatures below 40 degrees or above 140 degrees. Contaminated surfaces, utensils, and hands may also transmit food borne illness.

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Associated diseases/illnesses - Currently there are over 250 food borne diseases recognized. The most common are: Salmonella, Trichinosis, E.coli, botulism, chronic diarrhea, Amebiasis, Gastoenteritis, Giardiasis, Shigellosis

Preventive measures – The federal initiatives for food safety revolve around the Hazard Analysis and Critical Control Point (HACCP), which is a science-based preventative approach to safe food production. The HACCP regulates the food industry by identifying possible points in food production, manufacturing and transportation where contamination could occur. These points which are also known as “critical control points” are recognized and then regulated through control measures.

The assessment of food quality is supported by a federal nationwide plan that was budgeted for 43.2 million dollars in 1998. The federal government focuses on such initiatives as expanded education efforts aimed at consumers, food service workers, and various other segments of the food community. In addition, the federal government plans to enhance food safety inspection and monitoring efforts. Also, efforts are being made to increase research development for new and more rapid methods to detect food-borne pathogens and to develop preventative techniques. Initiatives must be made to improve intergovernmental communications and coordination of response to food-borne outbreaks, as well as expansion of the nationwide FoodNet system, which gathers data on the occurrence of food-borne illnesses.

b. Water Quality and Anacostia Clean-Up Project

Waterborne diseases are caused by a variety of pathogens including bacteria, viruses and parasites, which are present in freshwater supplies. There is only one community water supply in the District of Columbia—the Potomac River.

While the drinking water supply is safe, the Water Quality Program (WQP) and the Watershed Protection Division (WPD) have initiated and continue to monitor a number of projects aimed at improving the quality of the Anacostia River and its tributaries.

These projects aimed at improving the quality of the Anacostia River and its tributaries include the following:

- The restoration of 42 acres of wetlands around Kingman's Island. The restoration of the wetlands when completed in 2002 by the U.S. Army Corps of Engineers will help reduce the toxics in the river and provide natural habitats for birds and other water species.
- The establishment of Total Maximum Daily Loads (TMDLs) for each of the water bodies within the District, including the Anacostia River. TMDLs, also known as pollution caps, will be established for known contaminants, thereby improving water quality, and they should be completed by 2004.
- The WQP is working with the Water and Sewer Authority to approve a long-term control plan that will mitigate combined sewer overflows to the Anacostia River. When fully implemented, fecal material in the Anacostia will decrease and dissolved oxygen should increase.

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- The WPD is monitoring an environmental site assessment to determine the level of contaminants on Children's Island, which is located in the Anacostia River. Mitigation of chemical contaminants on adjacent lands reduces the potential runoff into the river.

One of the major contributors to poor quality of non-drinking water is an aged sewerage system of the District. This system was constructed at the turn of the century by the federal government and, unlike modern systems, collects both sewage and rain water in a single pipe. The combined system is the cause of sewage overflows into the river during hard rains, creating a health hazard and resulting in occasional fish kills. Combined sewers serve approximately one-third of the District's sewerage system.

The District of Columbia government and over a dozen other organizations and agencies signed the Anacostia Waterfront Initiative's Memorandum of Understanding (MOU) in October 2000. The goal of the MOU is to develop the District's waterfronts to their fullest potential in such a manner as to enhance the environmental well being of District residents and visitors. The waterfronts include both shores of the Anacostia and Potomac rivers, the Southwest Waterfront, Fort McNair, the Navy Yard, RFK stadium, the Anacostia River parks, the National Arboretum, and the Kenilworth Aquatic Gardens. Particularly important is the need to assess existing infrastructure in terms of future demand in transportation, storm water management, wetland restoration, and bulkhead rehabilitation. The infrastructure will be planned in such a way as to support the mix of private development, park protection, and the rehabilitation required by the District of Columbia government, the federal government, and the surrounding communities.

c. Air Quality

Air Quality refers to the measure of particulate matter composed of dust, soot, and other compounds, which are ten microns or less in size. Due to the microscopic size the particles are small enough to remain suspended in the air, making it appear dirty or hazy. Air quality is classified into four categories: good-when PM10(measure of particulate matter) level is low and air movement is good, marginal-when PM10 level is somewhat elevated and air movement is fair, poor-when PM10 level is high and air movement is poor, and Stage 1 Alert-when PM10 level is very high and movement is poor and an alert must be issued indicating certain guidelines that must be followed in order to help protect public health.

Cause - Air pollution is primarily due to industrial activity such as power generation and manufacturing by transport (air and road), by heating for houses, by waste processing and by farming, particularly through the over-use of fertilizers and animal waste. However, people contribute to air pollution a great deal. Examples of such contributions are the consumption of energy and manufactured goods, and the mass use of cars instead of public transportation.

Associated diseases/illnesses - Particulate matter causes the biggest health threat because it enters the lungs when inhaled through the mouth and becomes trapped in the body, which can lead to respiratory illness and possibly, cancer. Also, pollutants that are emitted into the air by industrial activity react with water in the air and form weak acids. When it rains, the water that comes down is acidic and is referred to as 'acid rain'. Acid rain has a considerable impact on the

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environment. Acid rain not only affects the health of humans, but it also affects wildlife, lakes and streams, forest floors, groundwater, and buildings.

Poor air quality contributes to respiratory illness, cardiovascular disease, and cancer. An estimated 25 percent of preventable illnesses worldwide can be attributed to poor environmental quality. In the United States, air pollution alone is estimated to be associated with 50,000 premature deaths and an estimated \$40 to \$50 billion in health-related costs annually. Deteriorating air quality in the United States has been cited as the primary cause of the increase in asthma morbidity and mortality.

The District is designated as a serious “nonattainment” area for ozone. Motor vehicles account for more than 40 percent of ozone-causing pollutants in the Washington, D.C., area. The ozone “nonattainment” problem is a regional problem, and the District is working with the regional Ozone Transport Commission to ameliorate the problem.

Currently there is no available hourly Air Quality Index for fine particulate matter (PM_{2.5}). In addition, data indicate that the District’s PM_{2.5} levels are very near or slightly above the standard of 15 µg/m³, which may result in strict new local control programs. The District is a national model community for on-board diagnostics, an emerging technology used to detect vehicle emissions-control-system failures.

Initiatives that are in the process of being finalized to address these gaps will help ensure that the District continues to be a safe place to live and work. The DOH will continue to monitor the city’s air quality and take steps to ensure its safety for coming generations.

d. Hazardous Substances

Hazardous substances are chemical substances, which pose a threat to the environment or human health if misused or released into the environment.

Types - Hazardous materials are anything from explosives, flammable and combustible substances, poisons, and radioactive materials. There are many products containing hazardous materials that are used in homes and offices daily. Such products include toilet bowl cleaner, liquid household cleaners, and motor oil. Also, many synthetic chemicals are introduced daily into the work place.

Associated diseases/illnesses - Hazardous materials are detrimental, causing long-lasting health effects, serious injury and can even cause death. Hazardous materials also have the ability to damage buildings, homes, other property and the environment on a whole.

Preventive measures - Waste can be classified in a number of different categories. Such as; solid waste and hazardous waste which is produced by industrial and manufacturing sites, household garbage or waste, animal waste, radioactive waste, and medical waste. The EPA regulates industrial, manufacturing and household waste, under the Resource Conservation and Recovery Act (RCRA). RCRA’s main objectives are to: conserve energy and natural resources by recycling and recovery; clean up waste which may have spilled, leaked, or been improperly

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disposed of; reduce or eliminate waste; and protect us from the hazards of waste disposal. RCRA regulates all hazardous waste. In addition RCRA also addresses garbage and industrial waste. Garbage generated by a household is considered municipal waste, which consists mainly of paper, yard trimmings, glass, and other materials. Industrial waste, which is process waste, derives from a broad range of operations. RCRA does not address animal waste, radioactive waste, and medical waste, these are examples of other waste that is managed by other federal agencies or under state laws.

Environmental toxins to which D.C. residents may be exposed include industrial waste discharged into the air or water and hazardous waste sites. Baseline data indicate that 8,301 tons of hazardous waste were generated in 1997, including a number of substances known to be toxic and/or carcinogenic.

Remediation of the Washington Navy Yard has been initiated under a 1999 negotiated Federal Facilities Agreement between the District, the Navy, and the Environmental Protection Agency. DOH expects the remediation work to be completed by 2006. Additionally, in 1998, 40 local hazardous waste and leaking underground storage tank sites were included on a list of contaminated sites issued in accordance with the Resource Conservation and Recovery Act. Currently, potentially hazardous wastes in the Spring Valley section of the District associated with World War I weapons stockpiling and disposal are being reedited by the U.S. Army Corps of Engineers.

e. Lead Poisoning

Lead Poisoning is the exposure to lead, which is a highly toxic metal that produces a range of adverse health effects, particularly in young children.

Causes - Humans are exposed to lead by a number of different ways. Exposure includes, deteriorating paint and dust, drinking water, food, and contaminated soil. There is also airborne lead that enters the body through breathing and swallowing lead particles or dust once it has settled. Children are more susceptible to exposure because lead is more easily absorbed into growing bodies. Also, the tissues of small children are more sensitive to the damaging effects of lead.

Associated diseases/illnesses - Excessive levels of lead can cause vomiting, headaches, loss of appetite, brain damage, kidney damage, hearing impairment, and can affect a child's growth causing learning and behavioral problems. In adults, lead can increase blood pressure and can cause digestive problems as well as nerve disorders, sleep problems, muscle and joint pain, and mood changes.

Lead poisoning affects every system in the body and can damage a child's central nervous system, kidneys, and reproductive system and, at higher levels, can cause coma, convulsions, and death (National Center for Environment Health, 2001). Even low levels of lead are harmful and are associated with decreased intelligence, impaired neurobehavioral development, decreased stature and impaired hearing. Currently, for children under six 10 micrograms per deciliter (ug/dl) is the toxicity action level and at 15 ug/dl a child is considered poisoned. (CDC, 2000).

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Preventative measures - The CDC (Center for Disease Control) is the main federal source that works with state and local level programs toward the prevention of lead poisoning. The CDC provides funding to states, cities, and counties for primary prevention, and provides additional funding to several states for surveillance. These CDC funded programs are established to ensure proper screening, lead-hazard abatement and new legislation. The CDC continually works hard with state and local areas to improve capacity and direct science in lead related programs. In November of 1997, the CDC issued a new guidance that calls for public health leadership at the state and local levels for the prevention of lead poisoning.

There are many federal initiatives and activities that the CDC helped to put in place to reduce lead in gasoline. These initiatives brought about significant declines in average blood lead levels in the U.S. population. Also, data collected from the most recent National Health and Nutrition Examination Survey (NHANES) shows a decrease in blood lead levels among children from 88.2% in the late 1970s to 4.4% in the early 1990s. The main focus of the CDC is to implement nationwide programs on local levels that aim directly at reducing the exposure to lead and to prevent high lead levels in blood to assure safety from irreversible damage to health.

The main sources of lead in urban environments are old lead paint flaking off walls, windowsills, and buildings; lead residues in urban soil; lead in water that has passed through lead and soldered copper pipes; and lead in some food. Since lead is not biodegradable, it recirculates within the environment. Although leaded gasoline has been banned for a decade, lead residues in urban soil from prior leaded gasoline emissions may be ingested from food grown in urban gardens and by hand-to-mouth activity. These urban soils should be treated as toxic waste and be replaced by lead-free, humus-rich soil suitable for gardening. Further, lead pipes that have the potential to contaminate the drinking water supply should be replaced with copper plumbing.

District of Columbia law with regard to lead-based paint and lead poisoning prevention amends the District Housing regulations to require residential premises with children under age eight to maintain the property free of lead, or lead in amounts less than 0.7 milligrams per cm², or less than any quantity sufficient to constitute a hazard to the health of any resident. The law authorizes the Department of Housing and Community Affairs to order abatement of all hazardous materials or eliminate the lead hazard by other means approved by the department within 10 days and in no more than 30 days. The law also authorizes the District to inspect any residential premises where there is reason to believe lead may present a health hazard to a child under eight years; take samples from the residence and have them analyzed for lead hazards; notify the owner and inhabitants that lead hazards exist; and provide for the right of entry and enforcement of these provisions.

The law also requires that any student under six years shall furnish proof of screening for lead poisoning upon entering school and establishes periodic testing for lead poisoning. The DOH will use the resulting data to conduct an epidemiological study of lead poisoning within the District.

f. Rodent Control

Rodent control works to reduce the number of rodent infestations. Infestations occur across the nation on a number of different levels. Unfortunately, the degree of infestations do not allow for complete elimination of rodents.

Management of rodent infestations is quite vital to the health of the human population. Rodents pose a number of different threats to everyday living. The measure of agricultural damage is very significant, not only do rats consume a large percentage of produce; they also spoil and contaminate food. In addition, rats serve as disease vehicles, transporting diseases to humans. Rats also cause structural damage to buildings due to the ability to gnaw through almost any type of material. Therefore, these major threats cause rodent control to be imperative.

Associated diseases - There are many diseases associated with rodents. Some examples of these diseases are Leptospirosis, which is most common in animals, food poisoning, plague, rat-bite fever, Lyme disease, Hantavirus, Trichinosis, Murine Typhus, and Rickettsial pox.

Rodents are carriers of many diseases and are known to pose a health hazard in major metropolitan, suburban and rural areas across the country. In October 2000, the District of Columbia City Council passed legislation establishing a Bureau of Rodent Control within DOH and prohibiting practices that provide rodent food sources and habitat. The emergency reorganization and code enforcement legislation created the Bureau of Rodent Control in the DOH, and the D.C. City Council passed permanent legislation on October 19, 2000.

The law was enacted as part of the “Fiscal Year 2001 Budget Support Act of 2000” (D.C. Law 13-172,47 DCR 6308). This legislation established civil penalties to modify conditions contributing to rodent proliferation. The DOH’s principal health promotion strategies in rodent control are to distribute educational materials to the community, participate in educational business meetings to inform citizens of risk and reduction of harm, and achieve abatement of premise locations where there is evidence of rodent activity. This legislation has resulted in an estimated reduction of the rat population by 12,000.

In addition to establishing the new bureau, the law prohibits practices that provide rodent food sources and habitat. According to subsection 707.12, “pet food and bird seed kept outside must be stored in rodent-proof containers. Further, pet food and bird seed shall not be left to accumulate or remain on the grounds after birds and pets have been fed.”

Surveys conducted by EHA that began in March 2000 have provided a basis for estimating the amount of rodent activity citywide. As the data are accumulated and analyzed, efforts to control the rat population can become more proactive. New legislation creating an integrated approach among various city agencies, along with an enforcement component and revenue from fines, will help sustain the program. A sewer survey and baiting program initiated recently will attack the problem in a multidimensional fashion by reducing rodents in sewers and stressing reduction to the overall population.

III. BACKGROUND AND TRENDS

History

Since the late 1960s, environmental health has been gaining recognition as a cause for national concern. In 1966, the U.S. Surgeon General announced the establishment of the Division of Environmental Health Sciences as a part of the National Institutes of Health in response to emerging health issues affecting the environment. Subsequently, in December of 1970 the first effort to establish an autonomous regulatory body to oversee the enforcement of environmental policy was created - the United States Environmental Protection Agency (USEPA).

Twenty-years later in 1990, recognizing the need for a more stringent education component with respect to environmental health and the public, the President signed into law the National Environmental Protection Act (P.L. 101-619). This Act mandated that the USEPA make environmental education an integral portion of its mission to protect the environment. Seeing the need for more environmental health programs, the Centers for Disease Control (CDC) established the Center for Environmental Health (CEH) in 1980, to focus on preventing disability, disease, and death due to environmental factors. After a couple of name changes and added responsibilities, the CEH is now known as the National Center for Environmental Health (NCEH).

According to the NCEH, although environmental health awareness has improved, there still exist numerous gaps in the reporting and documentation of environmental health in the United States. NCEH further asserts that environmental health is the most fragmented and poorly defined area of public health. In a 2000 study conducted by the National Association of County and Health Officials (NACCHO) numerous themes emerged. One of the primary concerns was that there exists “fragmentation among agencies at all levels [that act as] a barrier to effective protection against environmental threats.” There exists a host of federal agencies that have a major stake in environmental health. Effective coordination and collaboration is needed in order to administer assistance to address public health needs. Furthermore, the dramatic increase in threats of bio-terrorism has prompted the need for focused national leadership.

It has been cited that the majority of state and local level environmental health programs that address major environmental health components such as food borne, water borne disease, vector control and toxic substances are more often than not housed in different agencies.

The District of Columbia government recognized the need for management of environmental health problems and in January of 1998, the District of Columbia government transferred all regulatory functions related to health from the Department of Consumer and Regulatory Affairs (DCRA) to the Department of Health (DOH), thus creating the Environmental Health Administration (EHA).

Within the Environmental Health Administration (EHA) there are four bureaus: Bureau of Hazardous Materials and Toxic Substances, Bureau of Food, Drug and Radiation Protection, Bureau of Community Hygiene and the Bureau of Environmental Quality. The mission of the Environmental Health Administration is to prevent and control environmentally related diseases while protecting and preserving the ecological system in the District of Columbia.

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The public perception of environmental health is usually that of an extreme nature i.e. anthrax, however they are limited in their awareness of the role environmental health plays in their daily lives. Unclean water affects drinking and recreation, unhealthy homes and schools contribute to childhood lead poisoning and without free rabies clinics the incidence of dog bites that result in the disease would dramatically increase.

Legislation

The District of Columbia Department of Health's laws and regulations provide an environmental commitment to the citizens and visitors of the nation's capital. The following are four legislative Acts:

- The Comprehensive Childhood Lead Poisoning Prevention Act of 2003 will reduce the incidence of childhood lead poisoning by reducing exposure to lead based paint hazards. Additionally, the Toxic Substances Control Act requires that lead abatement workers and supervisors receive appropriate training prior to securing lead/asbestos certificate.
- The Water Pollution Control Amendment Act of 2003 requires a person to perform studies to ensure conformance with the Water Pollution Control Act before issuing a permit for underground injection and establishes authority to regulate the construction and management of wells.
- The Food Regulation Act of 2002 requires all food handlers to be certified, establishes a new more stringent rating system for food establishments and develops new enforcement provisions.
- The District's Toxic Substances Control Act requires that lead abatement workers and supervisors receive appropriate training prior to securing lead/asbestos certificate.

Trends

The DOH has the responsibility to keep abreast of trends in food-borne illnesses occurring among the population within its jurisdiction. To meet its obligation, DOH's Food Protection Program will work with the Bureau of Epidemiology and Health Risk Assessment (BEHRA) and the D.C. Public Health Laboratory to institute rigorous food service establishment inspections, a food sampling and testing program, and a food-borne illness case investigation program.

In the past three years, there has been a 20 percent decrease in illnesses due to the major bacterial food pathogens (Salmonella, Campylobacter, E. coli) across the United States.

In 1997, there were no water-borne diseases reported in the water supply, either in the form of infectious agents or chemical poisoning (DOH, 2000).

In the District of Columbia, asthma mortality for African Americans increased from 18.8 deaths per 100,000 population for 1972 through 1977 to 34.3 deaths per 100,000 population for 1990

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through 1994; during the same period the rate for whites increased from 7.3 to 12.1 per 100,000 (CDC, 1999b)

In 1997, 3 percent of the District's children had blood lead levels exceeding 15 ug/dL, and about 1 percent exceeded 25 ug/dL¹.

IV. SUMMARY RESOURCE INVENTORY AND HISTORICAL UTILIZATION

Financial Resources

Within the District, the local government environmental health programs receive more than a third of their funding from the federal government. The total dollar amount provided by the federal agencies, such as the Environmental Protection Agency, the Food and Drug Administration and the Department of Housing and Urban Development, is the sum of \$12,208,973.

Community Resources

The District of Columbia, serving as the nation's capital, has attracted a great number of environmental health entities to the area. These organizations have either established their respective headquarters within the city limits or have branch offices. Numerous partnerships have emerged between these community organizations and the District of Columbia government. However, even those organizations with which there are no specific partnerships act as resources to the residents of the District. They provide either direct services or education and outreach in which the residents have access to.

Regional Resources

The District of Columbia works in collaboration with surrounding Washington Metropolitan area entities to address regional environment issues.

V. CRITERIA AND STANDARDS

Water Quality Criteria

The federal government mandates that all cities and states develop water quality standards that follow the *1980 Ambient Water Quality Criteria* (AWQC) under the Clean Water Act of 1972. The Ambient Water Quality Criteria outlines the assessment of cancer risks, exposure patterns, noncancer health risks and bioaccumulation in fish in all major water supplies. Under each assessment certain guidelines put forth by the EPA must be met in order to assure proper water quality control. For cancer risk assessment, there must be more sophisticated methods employed to comprehensively determine the likelihood of exposure to cancer causing agents. For the assessment of noncancer health risks the EPA outlines certain guidelines for measuring the amount of chemical agents present within each body of water. Each assessment put forth by the

¹ EHA. DOH 2000.

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EPA is a part of the revised methodology to develop or revise AWQC to accurately reflect local water quality conditions across the nation.

Air Quality Standards

The EPA office of Air Quality Planning and Standards (OAQPS) implemented what is called the National Ambient Quality Standards (NAAQS) for nationwide air quality criteria. The Clean Air Act, which was last amended in 1990, indicates that the EPA must set National Ambient Air Quality Standards that define which pollutants are considered harmful to public health and the environment. Currently, there are two types of national air quality standards under the Clean Air Act. One being Primary Standards, which was instituted to protect public health. This includes the health of “sensitive” populations such as the elderly, children, and asthmatics. Secondary Standards was set to protect public welfare in general. This includes protection against decreased visibility, damage to animals, crops, vegetation, and buildings.

The National Ambient Air Quality Standards has set six principal pollutants, known as “criteria” pollutants to measure air quality under the two standards, Primary and Secondary. These pollutants which are measured under the units of parts per million by volume, milligrams of cubic meter of air, and micrograms per cubic meter of air are as follows: Carbon Monoxide (CO)-primary, Nitrogen Dioxide (NO₂)-primary & secondary, Ozone (O₃)-primary & secondary, Lead (Pb)-primary & secondary, Particulate (PM₁₀)-primary & secondary, Particulate (PM 2.5)-primary & secondary, Sulfur Dioxide (SO₂).

VI. GOALS AND OBJECTIVES

Goal 1: **Implement DC Law 14-116: “Food Regulation Act of 2002”, which adopts the National Food Code standards set by the United States Food and Drug Administration and updates the previous District food regulations which were 30 years old.**

Objectives:

- 1.1 Develop a Food Code Application Guidance Packet that includes the application, guidance information, and contact numbers.
- 1.2 Hold Food Safety Summit Conference to introduce changes in the legislation to the stakeholders.
- 1.3 Publish the final code in the D.C. Register.
- 1.4 Publish the civil infractions associated with the new regulations.

Goal 2: **Restore the Anacostia River by continuing the implementation of several restoration projects in partnership with the federal government and other District agencies.**

Objectives:

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- 2.1 Begin restoration of the lower section of Watts Branch in partnership with the U.S. Army Corps of Engineers (USACE).
- 2.2 Continue the work to restore Kingman and Heritage Islands to a natural habitat and wildlife reserve in partnership with the DC Department of Recreation and the USACE.
- 2.3 Begin the habitat and stream restoration construction of Fort Dupont Creek in partnership with the USACE and the U.S. National Park Service (USNPS).
- 2.4 Begin the construction to restore the habitat of lower Anacostia Park that will include the daylighting of the lower section of Popes Branch in partnership with the USACE and USNPS.
- 2.5 Survey the Anacostia area serving combined sewer outfall #006 for possible installation of low impact development techniques to contain and treat stormwater runoff.

Goal 3: Attain national ambient air quality standards set by the U.S. Environmental Protection Agency for both 1 and 8 hour ozone.

Objectives:

- 3.1 Develop severe area state implementation plan, in partnership with the Metropolitan Council of Governments, which should demonstrate ozone attainment by November 2005.
- 3.2 Evaluate transportation emission reduction measures and transportation control measures to reduce air pollution and enhance attainment of standards.
- 3.3 Collaborate with regional stakeholders to develop emissions control strategies for meeting air quality goals.

Goal 4: Ensure that the Navy Yard, listed on the National Priority List (NPL) of hazardous waste sites, in the District has been remediated.

Objectives:

- 4.1 Continue the District's active participation in the Navy Yard clean up as detailed in the Federal Facility Agreement entered into by the District, the U.S. Environmental Protection Agency, and the Department of the Navy.
- 4.2 Review all planning and analysis documents submitted by the Navy and its contractors.
- 4.3 Gather information on remediation efforts.
- 4.4 Continue to review all Remedial Investigation Work Plans completed by the Navy Yard.

Goal 5: Ensure that no screenings of District children will result in blood lead levels in excess of 25 ug/dl and no more than 1 percent have blood lead levels exceeding 15 ug/dl.

Objectives:

- 5.1 Ensure that property owners provide lead-safe homes in any dwelling where a child under the age of six resides or visits.
- 5.2 Continue to promote and provide free blood lead screening services.
- 5.3 Continue to increase outreach and education efforts.
- 5.4 Maintain partnerships with stakeholders.
- 5.5 Utilize the preschools and daycare centers within the District to further provide education and conduct screenings.

Goal 6: Reduce the number of rodent infestations through an increase in rodent control measures.

Objectives:

- 6.1 Increase the number of premises inspected for rodent activity.
- 6.2 Increase the number of premises baited for rodents.
- 6.3 Increase the number of premises abated.
- 6.4 Develop an education and outreach strategy that promotes program goals.
- 6.5 Develop neighborhood and community partnerships that promote program goals.
- 6.6 Continue to access cross enforcement activities through partnerships with District agencies.

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